Parents as Teachers An Evidence-Based Home Visiting Program

A range of research studies conducted and supported through state governments, independent school districts, private foundations, universities and research organizations, demonstrate that Parents as Teachers makes a real difference in the lives of parents and their children. The following summary lists some of Parents as Teachers' evidence-based research outcomes from across the United States:

Parents as Teachers Helps All Children Enter School Ready to Learn

- 7,710 public school children from a stratified random sample of Missouri districts and schools were examined at kindergarten entry and at the end of third grade. Results showed that participation in Parents as Teachers, together with preschool, not only positively impacts children's school readiness and school achievement scores, but also narrows the achievement gap between children in poverty and those from non-poverty households. With at least 2 years of Parents as Teachers combined with a year of preschool, 82% of poor children were ready for school at kindergarten entry -- a level identical to nonpoverty children with no Parents as Teachers or preschool.¹
- Parents as Teachers children showed better school readiness at the start of kindergarten, higher reading and math readiness at the end of kindergarten, higher kindergarten grades, and fewer remedial education placements in first grade.ⁱⁱ
- Children in high poverty schools who participated in Parents as Teachers were equivalent to those of children at low poverty schools with no preschool enrichment (Parents as Teachers or preschool). In addition, when children attending high poverty schools participated in both Parents as Teachers and preschool, their scores were significantly higher than those of children in low poverty schools with no preschool enrichment (Parents as Teachers or preschool).ⁱⁱⁱ

Parents as Teachers Supports Later School Achievement

- The aforementioned 2007 study of 7,710 Missouri public school children also showed that length of participation in PAT was a significant predictor of children's third grade achievement on the Missouri Assessment Program Communication Arts test.
- PAT children scored significantly higher on standardized measures of reading and math at the end of first grade than did comparison children. In addition, teachers rated PAT children's achievement progress higher than control group children's progress in all areas.
- PAT children continued to perform better than non-PAT children on standardized tests of reading and math achievement in second grade. Compared to non-PAT children, PAT children required half the rate of remedial and special education placements in third grade.^{vi}

Parents as Teachers Prevents Child Abuse

- The U.S. Advisory Board on Child Abuse and Neglect states, "home visiting and center-based programs with a parental focus can help prevent child abuse and neglect." The Task Force on Community Preventive Services recommends early childhood home visitation as an effective method for preventing child abuse and neglect.
- In a randomized trial, adolescent mothers who received case management and Parents as Teachers were significantly less likely to be subjected to child abuse investigations than control group mothers who received neither case management nor Parents as Teachers.
- In another randomized trial, adolescent mothers in an urban community who participated in Parents as
 Teachers scored lower on a child maltreatment precursor scale than mothers in the control group. These
 adolescent mothers showed greater improvement in knowledge of discipline, showed more positive
 involvement with children, and organized their home environment in a way more conducive to child
 development.^x
- Parents as Teachers families had fewer documented cases of abuse and neglect in comparison to the Missouri state average.xi

Parents as Teachers Increases Parental Involvement

- Results of a multi-site randomized trial showed that for families with very low income, those who participated
 in Parents as Teachers were more likely to read aloud to their child and to tell stories, say nursery rhymes,
 and sing with their child.xii
- A significantly higher proportion of Parents as Teachers parents initiated contacts with teachers and took an active role in their child's schooling. For example, 63% of parents of Parents as Teachers children versus 37% of parents of comparison children requested parent-teacher conferences.
- Parents as Teachers parents demonstrated high levels of school involvement, which they frequently initiated, and supported their children's learning in the home.xiv

Parents as Teachers Improves Children's Health and Development Outcomes

- Annual health and developmental screenings is a core component of Parents as Teachers. Of the 200,000 plus children screened in the most recent program year, 13% were identified with possible health/developmental delays and were referred on for additional follow up services. 70% of those referred received follow-up services.
- Children participating in Parents as Teachers were much more likely to be fully immunized for their given age, and were less likely to be treated for an injury in the previous year. XVI
- At age 3, Parents as Teachers children performed significantly above national norms on a measure of schoolrelated achievement, despite the fact that the sample was over-represented on all traditional characteristics of risk. More than one-half of the children with observed developmental delays overcame these delays by age 3.xvii

ⁱ Pfannenstiel, J.C. & Zigler, E. (2007). Prekindergarten experiences, school readiness and early elementary achievement. Unpublished report prepared for Parents as Teachers National Center.

ⁱⁱ Drazen, S., & Haust, M. (1995). The effects of the Parents and Children Together (PACT) program on school achievement. Binghamton, NY.; Drazen, S. & Haust, M. (1996). Lasting academic gains from an early home visitation program. Paper presented at the annual meeting of the American Psychological Association, August 1996.

iii Pfannenstiel, J. C., Seitz, V., & Zigler, E. (2002). Promoting school readiness: The role of the Parents as Teachers program. NHSA Dialog: A Research-to-Practice Journal for the Early Intervention Field. 6, 71-86.

^{iv} Zigler, E. & Pfannenstiel, J.C., (2007).

^v Pfannenstiel, J. (1989). New Parents as Teachers project: A follow-up investigation. Overland Park, KS: Research & Training Associates.

vi Drazen, S., & Haust, M. (1995).

Panel on Research on Child Abuse and Neglect (1993), p. 169.

Wii Hahn, R.A., Bilukha, O.O., Crosby, A., Fullilove, M.T., Liberman, A., Moscicki, E.K., et al. (2003). First reports evaluating the effectiveness of strategies for preventing violence: Early childhood home visitation. Center for Disease Control, Morbidity and Mortality Weekly Report, 52, 109. Wagner, M.M. & Clayton, S.L. (1999). The Parents as Teachers Program: Results from Two Demonstrations. The Future of Children: Home Visiting: Recent Program Evaluations, 9(1), 91-115.

^{*}Wagner, M., lida, E. & Spiker, D. (2001). The multisite evaluation of the Parents as Teachers home visiting program: Three-year findings from one community. Menlo Park, CA: SRI International.

xi Pfannenstiel, J., Lambson, T., & Yarnell, V. (1991). Second wave study of the Parents as Teachers program. Overland Park, KS: Research & Training Associates.

xii Wagner, M. & Spiker, D. (2001). Multisite Parents as Teachers Evaluation: Experience and outcomes for children and families. Menlo Park, CA: SRI, Int'l www.sri.com/policy/cehs/early/pat.html

xiii Pfannenstiel, J. (1998). New Parents as Teachers project: A follow-up investigation. Overland Park, KS: Research & Training Associates.

xiv Pfannenstiel, J., Lambson, T., & Yarnell, V. (1996). The Parents as Teachers program: Longitudinal follow-up to the second wave study. Overland Park, KS: Research & Training Associates.

^{xv} 2005-2006 Parents as Teachers Annual Program Report.

wi Wagner, M., Iida, E. & Spiker, D. (2001).

xvii Pfannenstiel, J., Lambson, T., & Yarnell, V. (1991).

2005 - 2006 PARENTS AS TEACHERS BORN TO LEARN™ ANNUAL PROGRAM REPORT SUMMARY

Parents as Teachers (PAT) is an award winning parent education and family support program serving families throughout pregnancy until their child enters kindergarten. The program is designed to enhance child development and school achievement through parent education accessible to all families. The Parents as Teachers Born to Learn™ model offers families personal visits by certified parent educators; group meetings; developmental, health, hearing and vision screening; and linkage with community resources. It is a universal access model that is adaptable to the needs of diverse families, cultures and special populations. Programs are funded through a variety of public and private sources.

The information contained in this annual program report summary illustrates the reach and impact of PAT Born to Learn™ programs over a 12 month period. Programs can use the PAT quality standards to enhance the quality of services, increase their impact, and broaden their reach to achieve the vision that all children will learn, grow and develop to realize their full potential.

The information in this summary is based on data from 2,078 Annual Program Reports representing 2,136 Parents as Teachers program sites in the U.S. and Canada. The typical reporting period is July 1, 2005 to June 30, 2006.

PROGRAM REACH

- 306,386 children
- 247,314 families
- Family Ethnicity:

12.6%	African-American	12.8%	Hispanic / Latino
1.6%	American-Indian	3.9%	Multi-Racial
1.3%	Asian	1.3%	Other
65.2%	European-American (White)	1.3%	Unknown

(Based on families whose ethnicity was reported)

- 1,077 PAT programs served families with Spanish as their primary language; these PAT families totaled 26,757 or 11% of all families.
- 19,301 families (7.8% of all families) have at least 1 parent who is foreign-born (not a US citizen at birth)
- 2,731 families are active duty military.
- ◆ 69% of families had at least one of the following family characteristics:

Teen parents	11%
Child with disabilities	7%
Parent with disabilities	3%
Low educational attainment	19%
Low income	47%
Speakers of other languages / limited English proficiency (LEP)	13%
Single-parent household	27%
Chemical dependencies	2%
Foster parents, court-appointed legal guardians, adoptive parents	2%
Transient / numerous family relocations	5%
Involvement with the corrections system	2%
Low birthweight (under 2500 grams or 5.5 lbs.)	4%
Involvement with mental health or social services agencies	15%
Relative who is the primary person in the parent support system	3%
Death in the immediate family	1%
Ongoing health problem of child, parent, or sibling	5%
Children with serious behavior concerns	3%
Referred to Parents as Teachers program because of suspected child abuse	2%
Multiple children under age 5	6%
Uninsured	2%
Homeless or resided in a shelter for at least part of the year	1%

- Family attrition rate (including families who moved out of the service area) was 18%
- 36% of programs have a waiting list; 19,232 families are waiting for services.



PROGRAM SERVICES AND IMPACT

Personal Visits

- Programs most commonly offered monthly visits to typical Parents as Teachers families
- Programs most commonly offered visits every two weeks to families with greater needs.

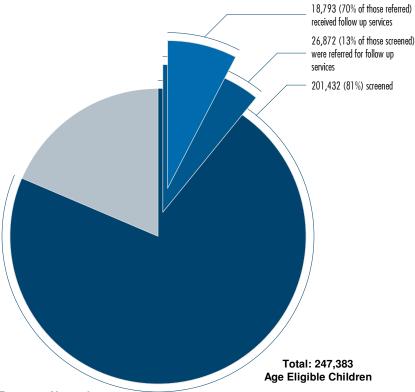
•	Visits Received	# of Families	% of Families
	1 to 5 visits	135,981	56%
	6 to 9 visits	49,523	20%
	10 to 12 visits	24,810	10%
	13 to 19 visits	14,189	6%
	20 or more visits	19,517	8%

Group Meetings

 95,104 group meetings were held; 55% of families attended at least one group meeting.

Screening and Referral

- 201,432 children received health and developmental screenings.
- 26,872 children, or 13% of those screened, were identified with possible health / developmental problems and were referred for follow up services.
- 70% of those referred received follow up services.
- On average, programs report 88% of two-year-olds had up-to-date immunizations.



Resource Network

- 109,493 families (44%) were linked to at least one community resource during the program year.
- ◆ 5,378 families were linked to state children's health insurance programs.
- 2,461 families were referred by Parents as Teachers to the appropriate social service agency because of suspected child abuse or neglect.

PROGRAM CHARACTERISTICS

Communities Served:

48% Rural

48% Small Town

17% Suburban

21% Urban

6% Major City

(duplicate count)

Programs primarily serve the following ages:

54% Prenatal to 5 years

41% Prenatal to 3 years

3% 3 to 5 years

1% 2 to 5 years

Sponsoring Organization:

63% School System

11% Family Resource Center

12% Government Agency

6% Community Action Agency

5% Child Care Center

3% Hospital or Medical Facility

7% Health Department

3% University/Extension

21% Private/Public Non-Profit

8% Social Service Agency

1% Tribal Government / BIA

1% Migrant Program

14% Other Collaboration

(duplicate count)

64% are blended with other early childhood or parent support programs, for example:

311 Even Start

272 Early Head Start

289 Head Start

157 Healthy Families America

- Programs operate an average of 11 months per year. 57% operate all 12 months.
- 56% of programs are universal access.

8,714 parent educators

(5,212 full-time; 3,502 part-time)

 18% parent educators are bilingual; 15% speak Spanish fluently.

Parent Educators Per Program:

27% 1 parent educator

22% 2 parent educators

24% 3 to 4 parent educators

17% 5 to 9 parent educators

9% 10 or more parent educators

Education Level of Parent Educators:

14% Masters or Beyond

51% Bachelors

16% Associates

20% Less Than Associates

 34% of programs report that they have recently participated in a formal evaluation or research study on child and family outcomes.

2005 - 2006 IOWA PARENTS AS TEACHERS BORN TO LEARN™ ANNUAL PROGRAM REPORT SUMMARY

Parents as Teachers (PAT) is an award winning parent education and family support program serving families throughout pregnancy until their child enters kindergarten. The program is designed to enhance child development and school achievement through parent education accessible to all families. The Parents as Teachers Born to Learn™ model offers families personal visits by certified parent educators; group meetings; developmental, health, hearing and vision screening; and linkage with community resources. It is a universal access model that is adaptable to the needs of diverse families, cultures and special populations. Programs are funded through a variety of public and private sources.

The information contained in this annual program report summary illustrates the reach and impact of PAT Born to Learn™ programs over a 12 month period. Programs can use the PAT quality standards to enhance the quality of services, increase their impact, and broaden their reach to achieve the vision that all children will learn, grow and develop to realize their full potential.

The information in this summary is based on data from 56 Annual Program Reports representing 57 Parents as Teachers program sites in Iowa. The typical reporting period is July 1, 2005 to June 30, 2006.

PROGRAM REACH

- ♦ 8,230 children
- 6,022 families
- Family Ethnicity:

3.2%	African-American	10.1%	Hispanic / Latino
0.2%	American-Indian	5.5%	Multi-Racial
0.5%	Asian	0.5%	Other
70.9%	European-American (White)	9.2%	Unknown

(Based on families whose ethnicity was reported)

- 40 PAT programs served families with Spanish as their primary language; these PAT families totaled 562 or 9% of all families.
- 438 families (7.3% of all families) have at least 1 parent who is foreign-born (not a US citizen at birth)
- 56 families are active duty military.
- 79% of families had at least one of the following family characteristics:

Teen parents	10%
Child with disabilities	8%
Parent with disabilities	6%
Low educational attainment	17%
Low income	50%
Speakers of other languages / limited English proficiency (LEP)	11%
Single-parent household	25%
Chemical dependencies	5%
Foster parents, court-appointed legal guardians, adoptive parents	2%
Transient / numerous family relocations	5%
Involvement with the corrections system	4%
Low birthweight (under 2500 grams or 5.5 lbs.)	5%
Involvement with mental health or social services agencies	17%
Relative who is the primary person in the parent support system	3%
Death in the immediate family	1%
Ongoing health problem of child, parent, or sibling	5%
Children with serious behavior concerns	5%
Referred to Parents as Teachers program because of suspected child abuse	2%
Multiple children under age 5	7%
Uninsured	3%
Homeless or resided in a shelter for at least part of the year	2%

- ◆ Family attrition rate (including families who moved out of the service area) was 28%
- 44% of programs have a waiting list; 642 families are waiting for services.



PROGRAM SERVICES AND IMPACT

Personal Visits

- Programs most commonly offered monthly visits to typical Parents as Teachers families
- Programs most commonly offered visits every two weeks to families with greater needs.

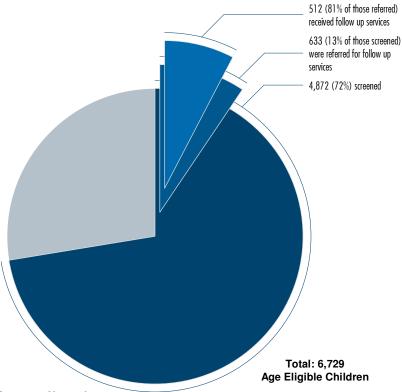
•	Visits Received	# of Families	% of Families
	1 to 5 visits	2,103	37%
	6 to 9 visits	1,285	23%
	10 to 12 visits	857	15%
	13 to 19 visits	549	10%
	20 or more visits	874	15%

Group Meetings

 2,074 group meetings were held; 31% of families attended at least one group meeting.

Screening and Referral

- 4,872 children received health and developmental screenings.
- 633 children, or 13% of those screened, were identified with possible health / developmental problems and were referred for follow up services.
- 81% of those referred received follow up services.
- On average, programs report 91% of two-year-olds had up-to-date immunizations.



Resource Network

- 2,908 families (48%) were linked to at least one community resource during the program year.
- 138 families were linked to the children's health insurance program.
- 112 families were referred by Parents as Teachers to the appropriate social service agency because of suspected child abuse or neglect.

PROGRAM CHARACTERISTICS

Communities Served:

59% Rural

65% Small Town

17% Suburban

17% Urban

2% Major City

(duplicate count)

Programs primarily serve the following ages:

61% Prenatal to 5 years

31% Prenatal to 3 years

7% 3 to 5 years

0% 2 to 5 years

Sponsoring Organization:

25% School System

6% Family Resource Center

21% Government Agency

21% Community Action Agency

2% Child Care Center

9% Hospital or Medical Facility

21% Health Department

6% University/Extension

28% Private/Public Non-Profit

9% Social Service Agency

< 1% Tribal Government / BIA

< 1% Migrant Program

13% Other Collaboration

(duplicate count)

- 65% are blended with other early childhood or parent support programs, for example:
 - 1 Even Start
 - 11 Early Head Start
 - 8 Head Start
 - 6 Healthy Families America
- Programs operate an average of 12 months per year. 83% operate all 12 months.
- 59% of programs are universal access.
- 235 parent educators

(165 full-time; 70 part-time)

- 8% parent educators are bilingual; 8% speak Spanish fluently.
- Parent Educators Per Program:

19% 1 parent educator

24% 2 parent educators

26% 3 to 4 parent educators

26% 5 to 9 parent educators

6% 10 or more parent educators

Education Level of Parent Educators:

8% Masters or Beyond

67% Bachelors

13% Associates

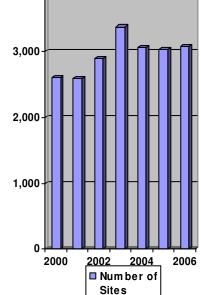
12% Less Than Associates

 48% of programs report that they have recently participated in a formal evaluation or research study on child and family outcomes.

FACT SHEET

PARENTS AS TEACHERS National Center is the St. Louis-based headquarters of an international parent education organization serving families throughout pregnancy until their child enters kindergarten, usually age 5. In addition to its *Born to Learn*™ model designed to enhance child development and school readiness through parent education accessible to all families, the organization offers professional development and advocates for public policies that support parents and early childhood development. In most areas, Parents as Teachers services are free of charge to families and participation is voluntary.

- **GROWTH:** From four Missouri pilot sites in 1981 to more than 3,000 sites today located in all 50 states, several U.S. territories as well as in countries around the world including Australia, Belize, Canada, China, Germany, Mexico, New Zealand and the United Kingdom.
- **SIZE:** Parents as Teachers National Center is the backbone of the largest parent education program in the nation. Its *Born to Learn*[™] curriculum and training are used by a wide range of organizations including federal programs such as Head Start/Early Head Start and the Bureau of Indian Education, family literacy programs such as Even Start, school districts, child care centers, faith-based programs, social service agencies, public health departments, family resource centers, military bases and even correctional institutions.
- **REACH:** There are now nearly 12,000 trained and certified Parents as Teachers parent educators working in programs almost evenly split between rural and non-rural communities. Nearly three million children have been served by Parents as Teachers since 1985, including more than one-third million children in 2006 alone. Over the years, two million children have been screened for developmental delays and speech and hearing problems.



4,000

- **SPECIAL POPULATIONS**: Last year, about 70 percent of Parents as

 Teachers families were characterized by high needs; approximately 34 percent of Parents as Teachers families represented minority populations; 48 percent of programs offering Parents as Teachers services served families whose primary language is Spanish.
- **EVALUATIONS:** More than a dozen independent studies over 25 years have verified the effectiveness of the Parents as Teachers Born to Learn™ model. Studies show that Parents as Teachers children have higher levels of school readiness and continue to outperform their peers in first through fourth grades.
- AWARDS: Parents as Teachers National Center has received a number of awards and recognitions, including:
 - "Children's Environmental Health Recognition Award" from the Environmental Protection Agency (2005)
 - "Best in America" award from the Independent Charities of America (since 2005)
 - Included in the Better Business Bureau's (BBB) "Honor Roll" of nonprofit organizations (since 2005)
 - Chosen as one of the "10 Charities that Deserve your Support" by Parents magazine (2003)
 - Designated one of America's 100 Best Charities by Worth magazine (2001)
 - The Lela Rowland Award for outstanding achievement and promise in prevention programming by the National Mental Health Association (1995)
 - "Innovation in State and Local Government Award" from the Ford Foundation and Harvard University's John
 F. Kennedy School of Government (since 1987)

Parents as Teachers National Center, Inc. 2228 Ball Drive – St. Louis, MO 63146 1-866-PAT4YOU www.ParentsAsTeachers.org

KIDS PROGRAM, PRAIRIE LAKES AEA 8

A Family Support Program
Program Summary: July 1, 2006 – June 30, 2007

VISION: Healthy, nurtured, successful children who live in competent families

MISSION: Providing and linking families with programs and resources because every child matters **OUTCOME STATEMENT:** The KIDS program provides home-based family support, parent education, and child development services to families with children prenatal through age eight in order to strengthen and support the relationship between parents and their children.

FUNDING SOURCES: Shared Visions Parent Support, Emmet County Community Empowerment, Lakes Area Decategorization-Empowerment, Palo Alto-Kossuth Empowerment, Prevent Child Abuse Iowa (Clay, Dickinson, Emmet, Kossuth, and Palo Alto counties), and Region 8 Early ACCESS.

I. Program Overview

KIDS provides home-based family support, parent education, and child development services. Home visitation is a key strategy to support families and meet the crucial needs of young children. Because home visiting literally reaches families where they live, it is an effective way to provide information, guidance, and support. KIDS home visits are arranged to accommodate the family's schedule through flexible and nontraditional hours. Home visits also ensure equal accessibility in this rural region where families are frequently geographically and socially isolated from services and supports.

KIDS utilizes a relationship-based approach with families and emphasizes a strong, active partnership between staff and families. This interactive partnership builds on family strengths, promotes parental responsibility toward goal achievement, and results in respectful, trusting relationships between staff and families.

KIDS helps parents understand what to expect in each stage of their child's development and offers practical ways to encourage learning, manage behavior, and build strong parent-child relationships. KIDS provides education and support in areas such as child growth and development, early brain development, age appropriate expectations, parenting skills, positive discipline/behavior management, family resource management, family literacy, and stress management. Services are responsive to families' diverse needs and are individualized to address those needs. Parents are challenged to set short and long term goals for themselves and their families and to be responsible for working toward those goals.

KIDS staff is knowledgeable about community resources and actively collaborates across system and agency boundaries to access other needed services for families. Monthly newsletters containing relevant parenting information and child development activities are also provided.

KIDS staff is trained/certified in child development screening tools. Periodic screenings of children's overall development are completed utilizing the Denver Developmental Screening Test II and the Ages and Stages Questionnaire, a parent interactive screening tool. KIDS is a certified Parents As Teachers site. An array of resources is available to staff; the Nurturing Program, Ages and Stages, and Parents As Teachers are the primary curricula used.

Located within AEA 8, KIDS easily accesses the services and expertise of AEA social workers, early childhood home intervention teachers, psychologists, audiologists, occupational therapists, and speech pathologists, ensuring timely, efficient, and meaningful service delivery.

II. Goals

The primary goals of the KIDS program are to:

- increase the ability of parents of at-risk children to provide positive parenting
- strengthen the relationship between parents and their children
- nurture a sense of competence and success within families

Progress is measured through assessment of parents':

- enjoyable, positive interactions with their child
- use of developmentally appropriate guidance
- ability to respond appropriately to their child's developmental, emotional, and physical needs
- participation in healthy support systems, both informal and formal
- sense of confidence and competence in the parental role

Of the 211 families served in 2006-07, 90% of families either successfully achieved their goals or are continuing participation in the 2007-08 program year. 10% moved out of the service area, could no longer be located, or received services more appropriate to their needs (such as foster care).

III. Community Collaborative Relationships

The KIDS program Coordinator/Supervisor and staff continually look for ways to strengthen and improve the KIDS program and to provide the highest quality services we possibly can. We look at collaborations both systemically and individually ~ how can we partner and collaborate with other community supports and services to best serve our families? Collaboration is viewed as an opportunity, and the KIDS program has embraced it since its inception.

Strong working partnerships and collaborative relationships with community agencies, organizations, and supports are essential to meet the needs of KIDS program families and children. KIDS funders have allowed grant dollars to be pooled, reducing categorical boundaries to services and increasing the accessibility of the program. During times of fiscal restraint and difficult decisions, it is imperative that agencies work together to maximize limited resources. The partnerships also encourage creative, innovative thinking and problem-solving. Successful, effective collaboration continues to be a quality feature of the KIDS program, an attribute of which we are proud. It strengthens the services KIDS provides and benefits the families served.

Each day KIDS families are challenged by a myriad of critical issues and concerns. When parents are inexperienced, isolated, or facing stressful situations, raising healthy and happy children can be very difficult. It is imperative that families have supportive relationships, as well as "hard" resources, to meet their children's needs. Parents who have resources and support are more likely to provide safe and healthy homes for their children. KIDS staff collaborates across system and agency boundaries to access needed services for families. For many families, KIDS may first serve as a link to obtaining essential services to meet basic needs (e.g., housing, food, etc.). KIDS staff helps families gain control of their environment and deal with often multifaceted crises. Then, staff addresses the child's developmental needs and assists the parents to acquire appropriate parenting skills.

New collaborations which began during 2006-07 include:

- In August 2006 Lakes Area Decategorization-Empowerment, Prairie Lakes AEA, and Northwest AEA collaborated to expand the KIDS program into O'Brien and Osceola counties. This is the first agreement between area education agencies to cross boundaries for the purpose of providing direct services to meet the needs of children and their families. The AEAs agreed that KIDS staff will serve as child referral sources to respective AEA staff and community agencies. KIDS staff working in O'Brien and Osceola counties are responsible for child/family referrals to Northwest AEA, while KIDS staff assigned to Clay and Dickinson counties are responsible for referrals to Prairie Lakes AEA. Although O'Brien and Osceola county KIDS staff are employees of Prairie Lakes AEA and participate in agency wide meetings and trainings, Northwest AEA plans to invite those KIDS staff members to its appropriate staff development opportunities.
- The KIDS Program Coordinator/Supervisor completed training for two programs, Maternal Depression Screening and Nurturing Healthy Sexual Development/Care for Kids. These train the trainer professional development opportunities were funded and provided though the collaborative efforts of several state entities. The initiatives are in process of implementation. The KIDS Program Coordinator/Supervisor trained KIDS staff and a local foster parent support group in Nurturing Healthy Sexual Development. KIDS staff utilizes this curriculum, as appropriate, during home visits with families. The KIDS Program Supervisor and the Best Care for Better Babies (nurse home visiting program) Project Director co-trained KIDS and nurse home visitors in maternal depression screening (Edinburgh Postnatal Depression Screening tool), response, and protocol. KIDS program staff are universally screening clients for maternal depression and referring for further services as appropriate.

Letters of support from community agencies and parents speak both to the collaborative relationships and the quality support for families that the KIDS program provides.

• One empowerment area coordinator wrote, "This program has been a great resource to families as well as other community agencies. As families learn crucial parenting skills, I can't help but feel that we are truly making a step closer to preventing child abuse within Iowa, and at very least

- within that particular family....From the very conception [of our empowerment area] we have collaborated with the KIDS program to insure quality support for parents."
- Another empowerment coordinator wrote, "Our empowerment area is pleased to partner with this in-home visitation/parent support project...Parents receive excellent parent education services."
- Region 8 Early ACCESS wrote, "The KIDS staff is able to form positive relationships with the families they work with based on trust and respect. They are vital in providing links to other community supports so they can help families be successful."
- One parent's letter outlined specific parenting skills and strategies she and her husband had learned, including how to make time for just the two of them. She wrote, "I think that the KIDS program offers so much support and guidence (sic) to families that it allows the families to grow stronger together."

IV. Family Characteristics: 2006-07

88% of the families served by KIDS are considered to be at risk. On a daily basis, families are challenged by critical issues such as poverty, family violence, limited literacy, lack of knowledge about child development, inadequate parenting skills, high stress, as well as a myriad of other concerns. Despite those adversities, families demonstrate strength and resiliency, progress and gains toward their goals, and commitment to their children, as evidenced by their active participation in KIDS services.

KIDS tracks at-risk criteria present in participant families. This information is documented by parent or agency report:

•	Income guides (185% poverty or below)	78%
•	Developmental delays	25%
•	High school incompletion	20%
•	DHS or JCS involvement	20%
•	History of child or spouse abuse	16%
•	History of family violence	16%
•	Behavioral concerns	16%
•	Biological risk factors, low birth weight	15%
•	Substance abuse	14%
•	Incarcerated (has been or is)	14%
•	Chronically mentally ill	11%
•	Born to a parent under 18	9%
•	Limited literacy	9%
•	Cognitively limited	9%
•	Foster care	9%
•	Parent with disabilities	9%
•	Abuse victim	8%
•	Termination of parental rights to other children	8%
•	Homeless (last 12 months)	4%
•	ELL	2%

V. Consumer Satisfaction: 2006-07

Families complete evaluations of KIDS services. A prevailing theme continues to be the strong, positive relationship that families develop with their KIDS worker and the information and support KIDS staff provide. Parents are asked: "Please tell us the things you like about KIDS" and "Please tell us how we can make the KIDS program better." A small sample of their comments (exactly as written) includes:

- A safe person to talk to & help me.
- She is so supportive of my parenting skills and has helped me have enough confidence to reach for my goals and stand up for myself when others put my ability as a parent down. She can always make me smile and I look forward to her visits all the time.
- I liked that I had someone to express my concerns about parenting with. I feel I've improved as a parent because of the advice and ideas that were suggested to me.
- My KIDS worker helped me with so much. She's even made me have more self respect! Which had made me a better mother

- My children really like kids and she helps out when you need help when it comes to getting frustraded with the kids
- I like the fact that there is someone that is concerned about my child as I am and that it also gives me someone that I can talk to about things that are bothering me.
- The staff has been very helpful. There visits not only give our child something to look forward to but as parents also
- They are alot of help and when I needed someone they are there.
- Our family is connected to resources we other wise may not have been. It is nice to have someone listen to my questions and concerns, or just to have someone to talk to. Our KIDS worker goes above and beyond to answer my questions or find learning tools for my children.
- We like the Handout & Visit from Kids worker that came. Very helpful. Answer our question that we may have. I glad that she call us for our first visit. She is good we kids. My daughter love's to see her when she comes.
- My KIDS worker was really supportive and she always explained information very well & clear to understand! She made my visits feel calm & relaxing!
- I like that my worker makes me feel good about the way I working with my bady and the things we talk about she is just there to help me and give me avise too
- I liked the fact that the worker was able to schedule around my schedule and she was great with the kids.
- I like the fact that you get new ideas of things to do with your kids, and positive feedback. I like knowing that my daughters are where they should be developmentally.
- Helps keep me sane.
- I don't know what we would do without our worker or the program.
- Things I don't think of making part of playtime have been brought to my attention. I have picked up so many good learning ideas.
- Our KIDS worker was and has been very helpful to me in many ways. She's help us all become
 better people in many ways and she has helped us cross many milestones! Your program is
 awesome!
- The support you give.

VI. Community Empowerment Family Support Performance Measures: 2006-07

Reporting Period: July 1, 2006 – June 30, 2007

State Empowerment Mandated Performance Measures	Data
1. Unduplicated number of children, 0 – 5, participating in KIDS program	309 + 2 prenatal
Unduplicated number of children, over age 5, participating in KIDS program	104
2. Unduplicated number of families participating in KIDS program	211
3. Number of face-to-face visits completed by KIDS staff	2,157
4. Percent of children, 0 – 3 years old, referred to Early ACCESS services	15%
5. Percent of parents with increased parent confidence and competence in their	71%
parenting abilities	
6. Percent of families with an increase of healthy informal support systems	74%
7. Percent of families able to enhance the health, growth, and development of their	89%
children	
8. Percent of participant children who did not have a confirmed child abuse	98.7%
report while in the KIDS program	

VII. Performance Measures: 2006-07

INPUTS

- Dollars invested: \$359,310 from grants noted above.
 - ⇒ 7.3 FTE KIDS Family Support Workers
 - ⇒ .7 FTE KIDS Program Coordinator (Zone 1)
 - ⇒ .9 FTE KIDS Program Coordinator/ Supervisor

QUALITY/EFFICIENCY

- Cost/child: \$870 (all grants) Cost/family: \$1,705 (all grants)
- Percent of fully trained staff: 100%
- Consumer satisfaction: 4.8 (5 = excellent; 1 = poor)
- Percent of families receiving services which used evidence/research based assessments and curricula: 100%
- Average caseload per Family Support Worker/Zone 1 KC: 28 families
- Average length of participation in KIDS program: 14 months

OUTPUTS

- Number of families served: 211
- Number of children served birth to age 5: 309
- Number of children served over age 5: 104
- Number of children served prenatally: 2
- Number of parents served: 357
- Number of family visits made: 2,157
- Number of parenting groups provided: 44
- Number of parents and children attending groups: 365
- Number of in-home developmental screenings completed: 321 (duplicated child count, following a regular screening schedule)
- Number of families monitored: 30

OUTCOMES

- Percent of high risk families: 82%
- Percent of parents who report increased
 - ⇒ parenting knowledge: 93%
 - ⇒ social support: 74%
 - ⇒ confidence/competence: 71%
- Percent of parents who report improved family interactions: 96%
- Percent of parents who improved their parentchild interactions: 78% (staff assessed)
- Percent of parents who report increased knowledge about stress management: 74%
- Percent of children birth to three referred for further evaluation: 15% (unduplicated count)
- Percent of children with health coverage: 99%

⇒ Title XIX: 62%

⇒ Private: 29%

⇒ HAWK-I: 8%

⇒ None: 1%

- Percent of children fully immunized or on schedule: 96%
- Ethnicity:

⇒ White: 88%

⇒ Hispanic or Latino: 7.85%⇒ Asian or Pacific Islander: 2.4%

⇒ Black: 1.5%

⇒ Native American: .25%

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